



# California Regional Water Quality Control Board

## Los Angeles Region



Linda S. Adams  
Agency Secretary

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Arnold Schwarzenegger  
Governor

Recipient of the 2001 *Environmental Leadership Award* from Keep California Beautiful

### NPDES PERMIT TRANSFER REQUEST FORM

NPDES Permit No. \_\_\_\_\_ CI NO. \_\_\_\_\_

Facility Location: \_\_\_\_\_  
Street Address City Zip

I hereby request the transfer of the above-referenced NPDES permit, including the transfer of responsibility, coverage, and liability for such permit, in accordance with the following:

#### TRANSFER FROM:

Facility Name \_\_\_\_\_

Owner \_\_\_\_\_

Operator \_\_\_\_\_

#### TRANSFER TO:

New Facility Name \_\_\_\_\_

New Owner \_\_\_\_\_

New Operator \_\_\_\_\_

TRANSFER EFFECTIVE DATE: \_\_\_\_\_

Signature of Owner/Authorized Representative \_\_\_\_\_

Title \_\_\_\_\_

Name of Owner/Authorized Representative \_\_\_\_\_

Date \_\_\_\_\_

I understand that I am responsible for compliance with the above-referenced NPDES permit. I certify that:

1. I have reviewed the NPDES permit;
2. The facility construction and nature/amount of discharges from the facility have not substantially changed; and
3. I will notify the Board of any material change in the facility and/or of the discharge, or any future change in the facility owner or operator.

Signature of New Owner/Authorized Representative \_\_\_\_\_

Date \_\_\_\_\_

Name of New Owner/Authorized Representative \_\_\_\_\_

Telephone No. \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address City State Zip

Name of Facility Contact Person \_\_\_\_\_

Telephone No. \_\_\_\_\_

Contact Person Mailing Address: \_\_\_\_\_  
Street Address City State Zip

Form No. R4-WRS #1

10/9/08

**California Environmental Protection Agency**



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Our mission is to preserve and enhance the quality of California's water resources for the benefit of present and future generations.